MISSOURI ETHICS COMMISSION



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

Statement of Committee Organization

HAND DELIVERED

1.	Statement Information		
	Date: <u>April 2, 2013</u>		
	Type: New Amended (if amending, enter MEC ID C12	21045 & section ch	$\frac{3,7}{}$
2.	Committee Information		
	AN TEACHGREAT, ORG		
Z	the of Committee		
_	Committee Mailing Address, City, State, & Zip		()
	Continue tribining nouress, City, state, a tip		torphotic Hamber
	Official Committee Email Address	County Clerk or Board of Election Commission	ners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Expl	oratory Political Party
3.	Treasurer/Deputy Treasurer Information		
-•		,	, , , , , , , , , , , , , , , , , , , ,
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	()
	Treasurer's Mailing Address, City, State, & Zip Stephanie S. Bell	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (pp.,	
	308 E. High St., Ste. 301, Jefferson City, MO 65101	()	₍ 573 ₎ 634-2500
	Deputy Treesurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dop. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	itu State 8. 7in
	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committees)	Y L Yes (refer to instructions on I	oack) No
٠.	Official bank Account Information (required by an committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
			Account Number
).	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Name & Mailing Address, City, State & ZIp of Candidate	() Telephone Number (Candidate Committees C	()
		,	,
•	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
-	Constitutional Amendment to Art. IX, Relating to Teachers and Certificated Staff	November 4, 2014	Support
i	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
-	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Turch 11/Snald		
7	Committee Treasurer	Candidate (Candidate Committees Only)	